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| No. C 140817 | | Due no later than Sep 30, 2016 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. CLEARVIEW EYE CLINIC, LTD. SONYA A SPRAUL 2500 W A STREET, SUITE 202 MOSCOW ID 83843 | | DAVID B LEACH 2500 W A STREET, SUITE 202 MOSCOW ID 83843 | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| PRESIDENT | DAVID B LEACH | 2500 W A STREET, SUITE 202 | MOSCOW | ID | USA | 83843 | |
| SECRETARY | ANN LEACH | 2500 W A STREET, SUITE 202 | MOSCOW | ID | USA | 83843 | |
| 5. Organized Under the Laws of: ID C 140817 | | 6. Annual Report must be signed.* Signature: Sonya Spraul Name (type or print): Sonya Spraul Date: 07/25/2016 Title: Business Mgr | | | | | |
| Processed 07/25/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |